

FIG. 1

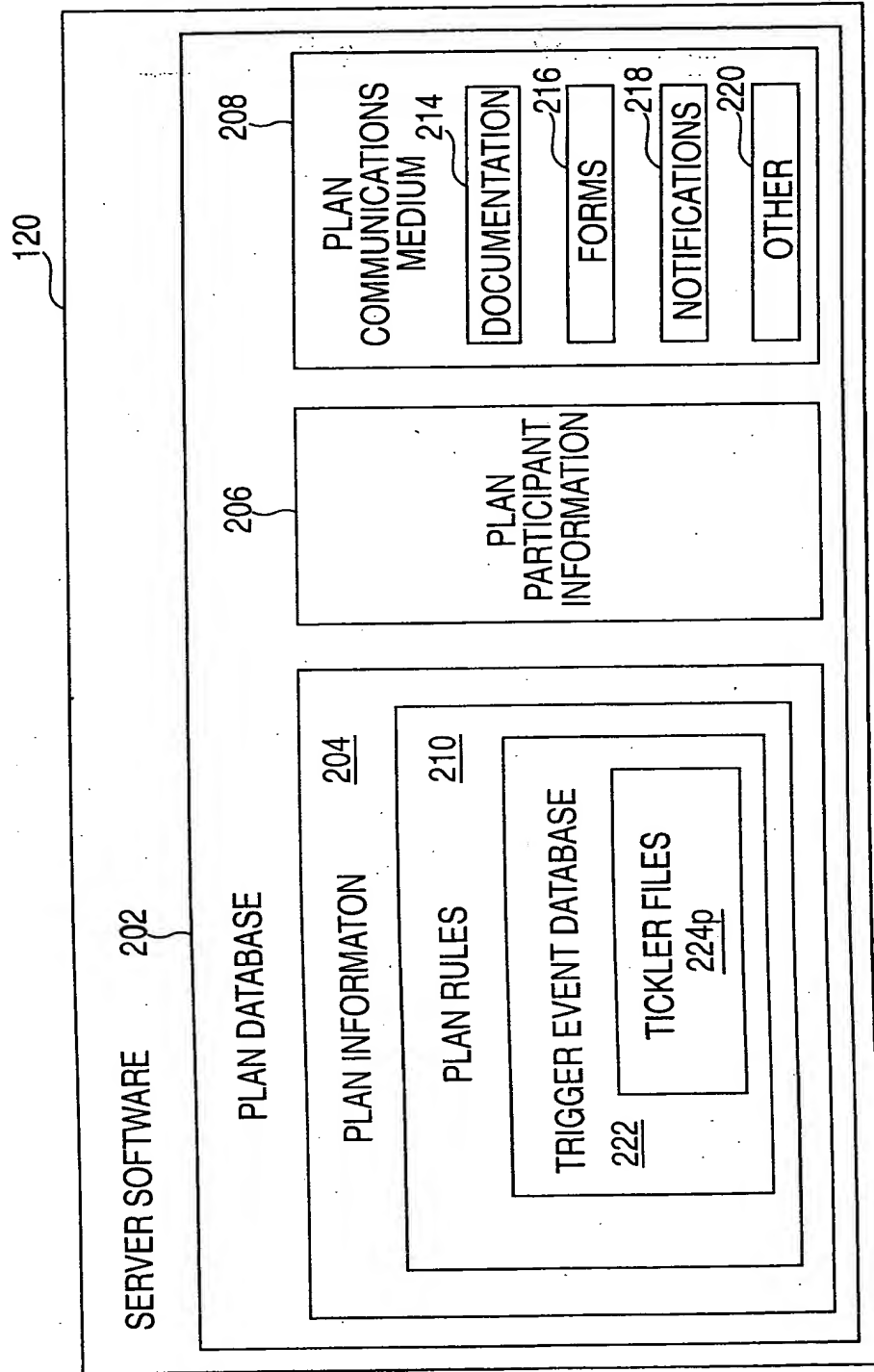


FIG. 2

|             |                                       |
|-------------|---------------------------------------|
| 222         | TRIGGER EVENT DATABASE                |
| 306         | ENTRY ID                              |
| 308         | TRIGGER DESCRIPTION                   |
| 224i<br>310 | ASSOCIATED PLAN COMMUNICATIONS MEDIUM |
| 312         | TRIGGER CRITERIA (1 TO $\infty$ )     |
| 314         | TRIGGER TYPE (IMMEDIATE, DAILY, ETC.) |
| 224p        | ENTRY ID<br>.<br>.<br>.               |

FIG. 3

| WHAT<br><u>402</u>  | WHO<br><u>404</u>   | WHEN<br><u>406</u>  | REQUIRED FIELDS<br><u>408</u>  | TYPES OF PLANS<br>APPLICABLE TO <u>410</u>   | NOTES<br><u>412</u>   |
|---|---|---|--|--|---|
| ENROLLMENT<br>FORM  | ELIGIBLE EMPLOYEES<br>BASED ON AGE, SERVICE,<br>CLASSIFICATION, ETC.<br>PER PLAN DOCUMENT                             | BEFORE<br>ENTRY<br>DATE   | NAME OF EMPLOYEE<br>SOCIAL SECURITY NUMBER<br>DATE OF BIRTH<br>DATE OF HIRE<br>EMPLOYER'S EIN<br>3-DIGIT PLAN NUMBER<br>PLAN'S MINIMUM AGE REQUIRED<br>PLAN'S MINIMUM SERVICE<br>REQUIREMENT<br>HOURS OF SERVICE<br>BREAKS IN SERVICE<br>EMPLOYMENT STATUS | ALL PLANS WHICH<br>REQUIRE OR PERMIT<br>EMPLOYEE<br>CONTRIBUTIONS;<br>SOME THAT DO NOT | WONT APPLY TO<br>MOST DEFINED<br>BENEFITS PLANS<br>OR MONEY<br>PURCHASE<br>PLANS  |
| BENEFICIARY<br>DESIGNATION<br>FORM                                | ELIGIBLE EMPLOYEES<br>ALTERNATE PAYEES<br>BENEFICIARIES OF<br>DECEASED PARTICIPANTS,<br>IF PLAN HAS PROVISIONS<br>FOR | BEFORE<br>ENTRY<br>DATE<br>AND AS<br>REQUESTED                          | NAME OF EMPLOYEE<br>EMPLOYEE MARITAL STATUS<br>SOCIAL SECURITY NUMBER<br>EMPLOYER EIN<br>3-DIGIT PLAN NUMBER<br>EMPLOYEE'S ENROLLMENT DATE<br>DATE OF REQUEST<br>EMPLOYEE DATE OF BIRTH<br>EMPLOYMENT STATUS   | ALMOST ALL PLANS   | SOME DEFINED BENEFIT<br>PLANS WILL PAY NO<br>BENEFIT IN THE EVENT<br>OF DEATH A SINGLE<br>PARTICIPANT AND ONLY<br>BENEFIT TO SPOUSE IF<br>MARRIED AND SUCH A<br>PLAN WOULD NOT<br>REQUIRE THIS FORM |
| SPOUSAL<br>CONSENT TO<br>NAMING<br>ANOTHER<br>BENEFICIARY<br>FORM | ELIGIBLE EMPLOYEES  | AS PART OF<br>BENEFICIARY<br>DESIGNATION<br>FORM OR<br>SEPARATE<br>FORM | NAME OF EMPLOYEE<br>EMPLOYEE MARITAL STATUS<br>SOCIAL SECURITY NUMBER<br>EMPLOYER EIN<br>3-DIGIT PLAN NUMBER<br>PRIOR CONSENT ON FILE?<br>EMPLOYEE DATE OF BIRTH<br>EMPLOYEE DATE OF ENROLLMENT<br>EMPLOYEE DATE OF HIRE<br>EMPLOYEE'S EMPLOYMENT STATUS   | PLANS WHICH<br>PERMIT NAMING<br>ANOTHER<br>BENEFICIARY                                 |   |

400 FIG. 4

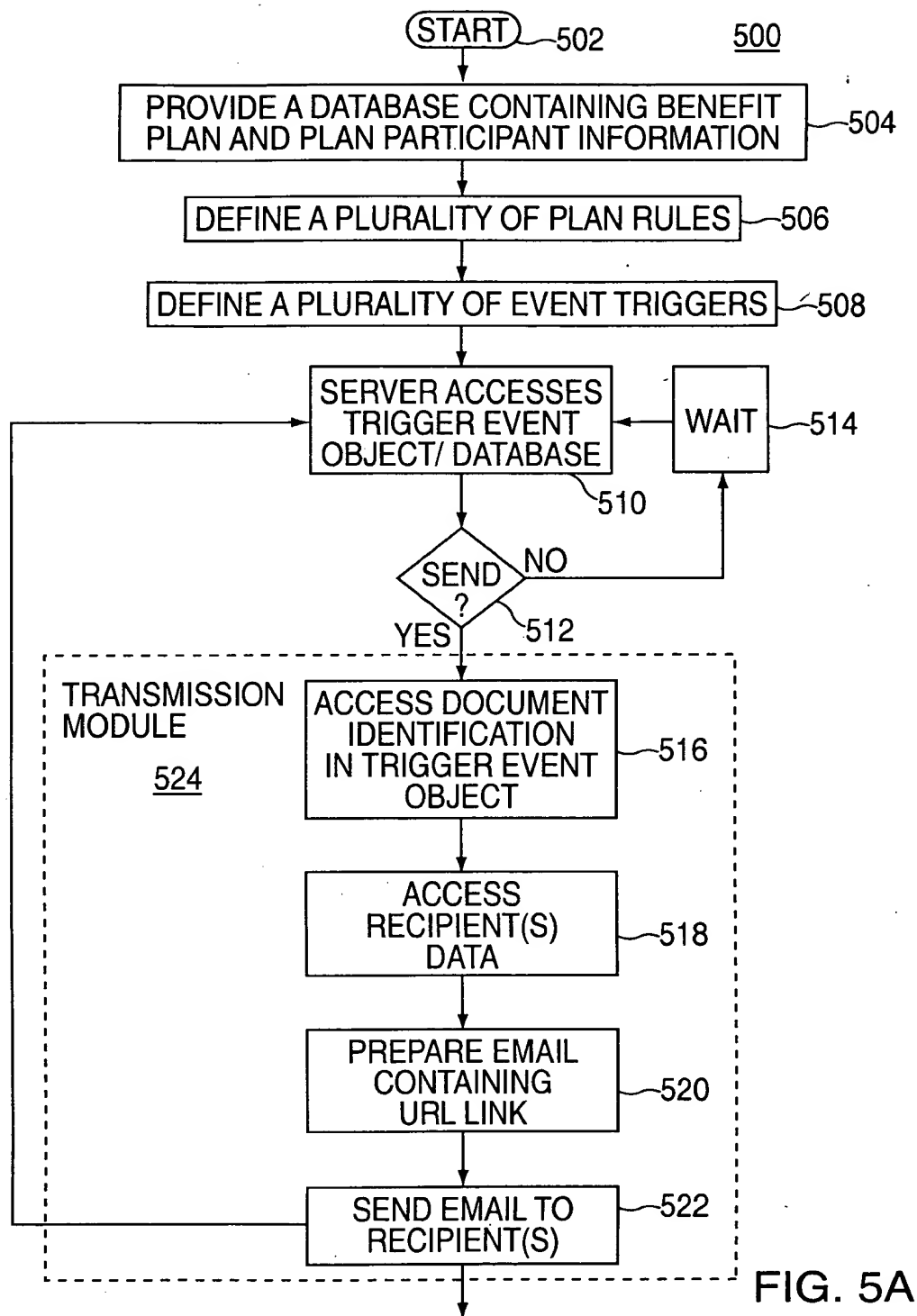


FIG. 5A

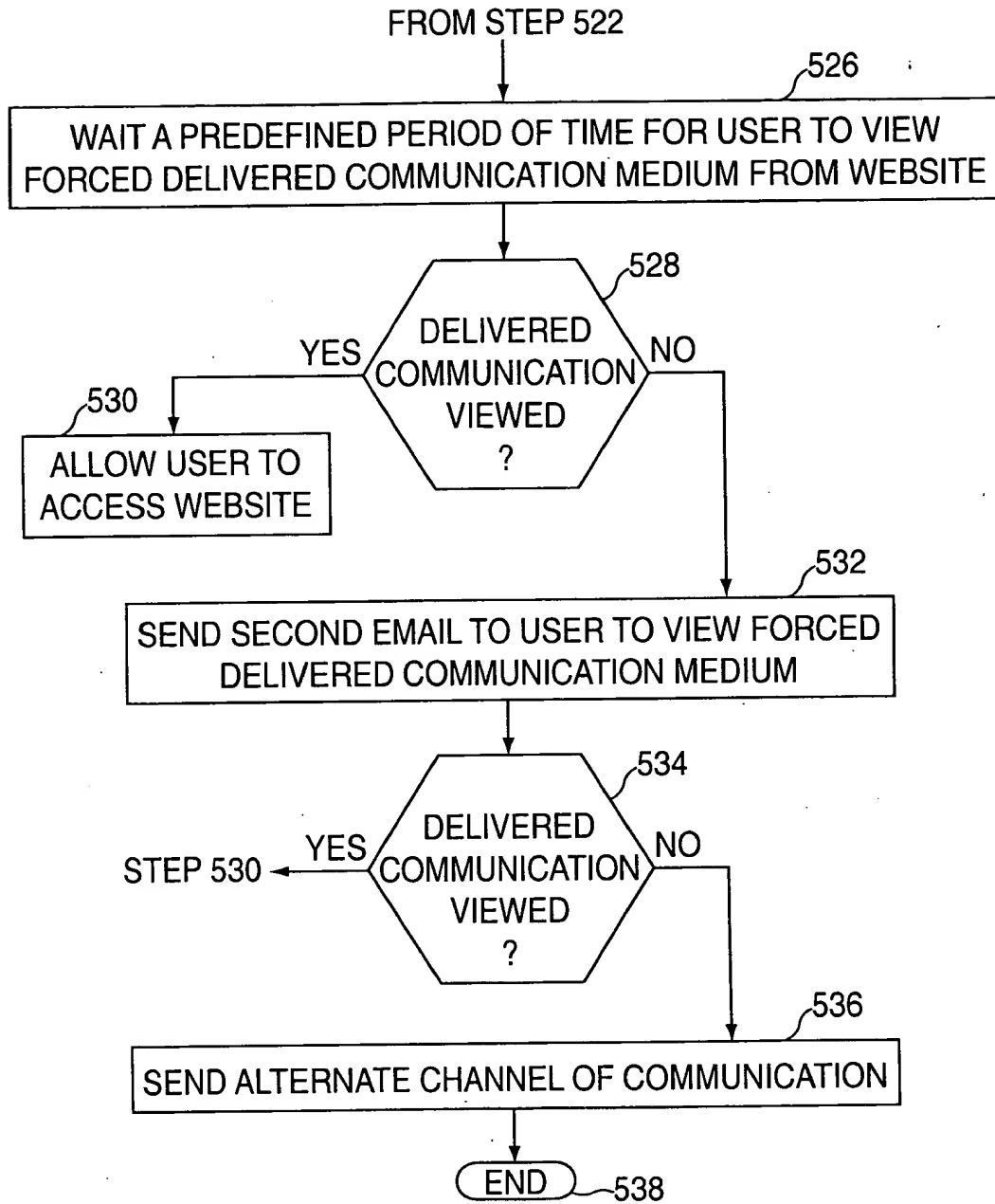


FIG. 5B

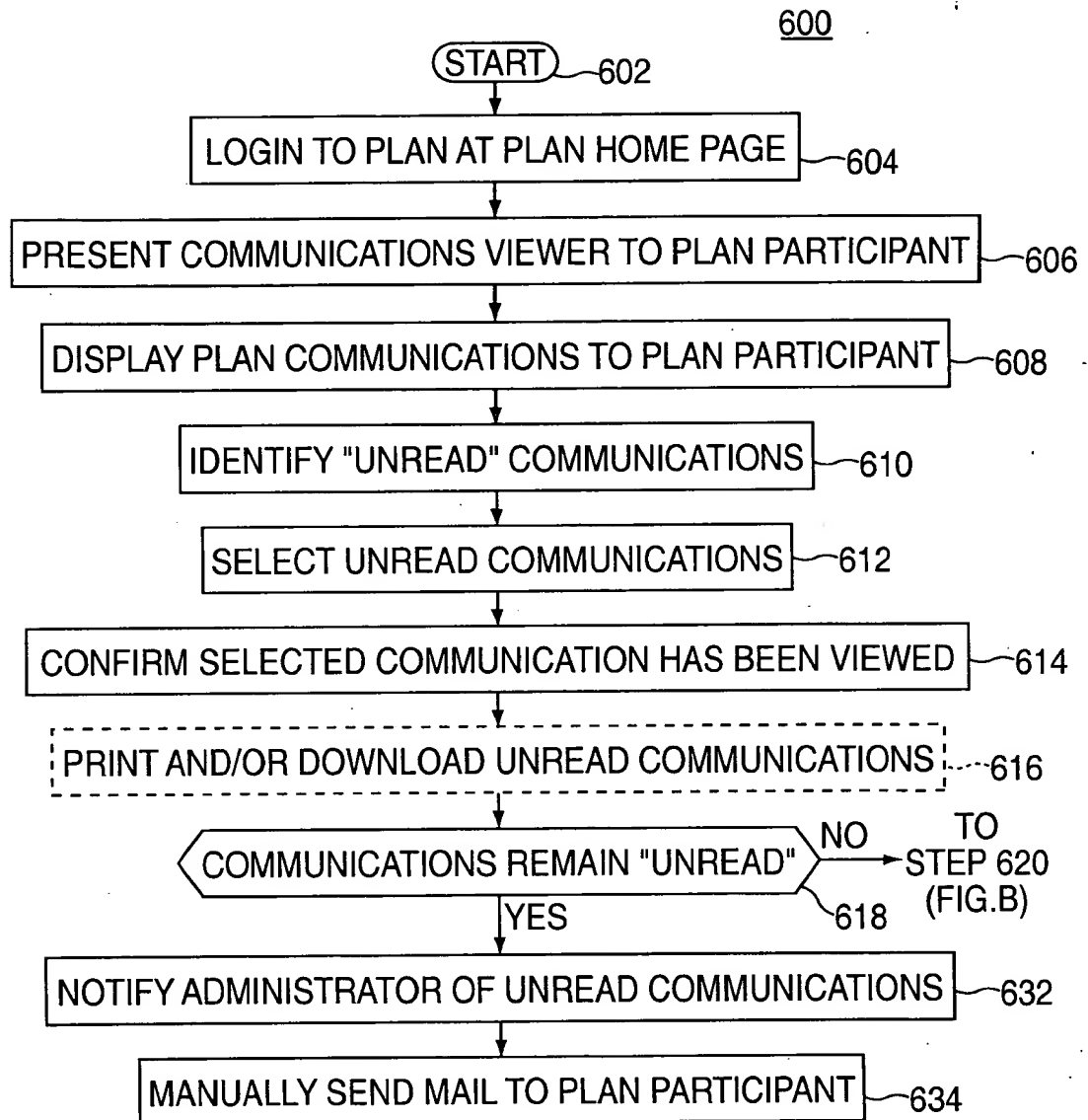


FIG. 6A

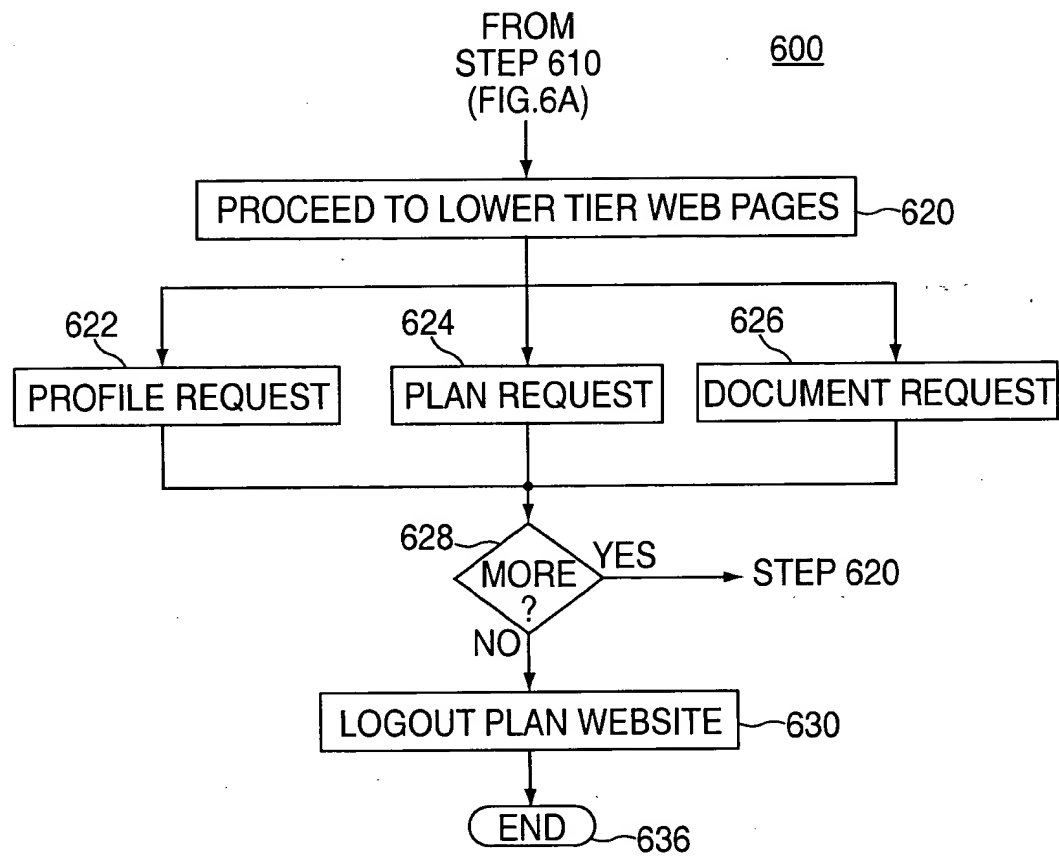


FIG. 6B

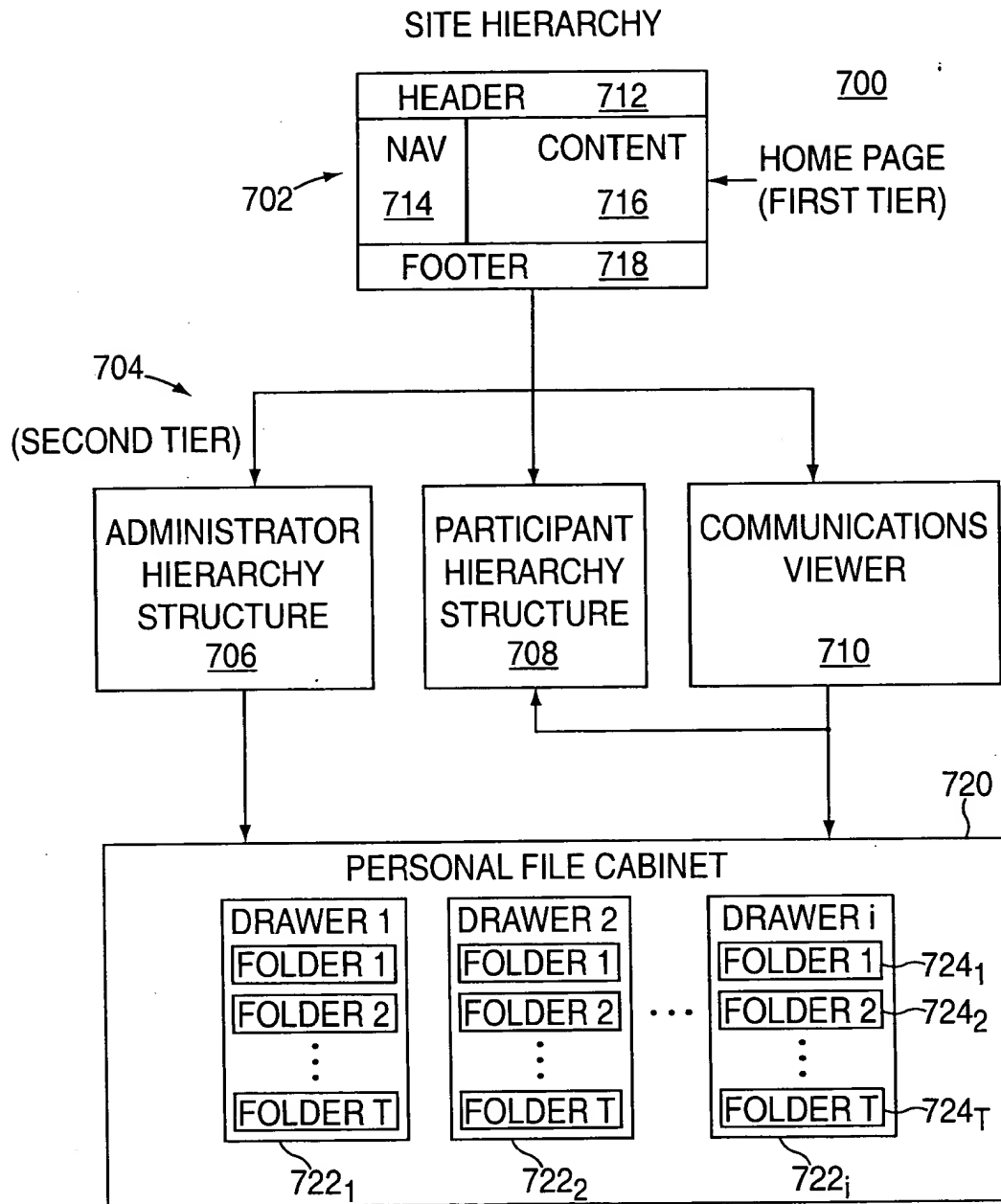


FIG. 7

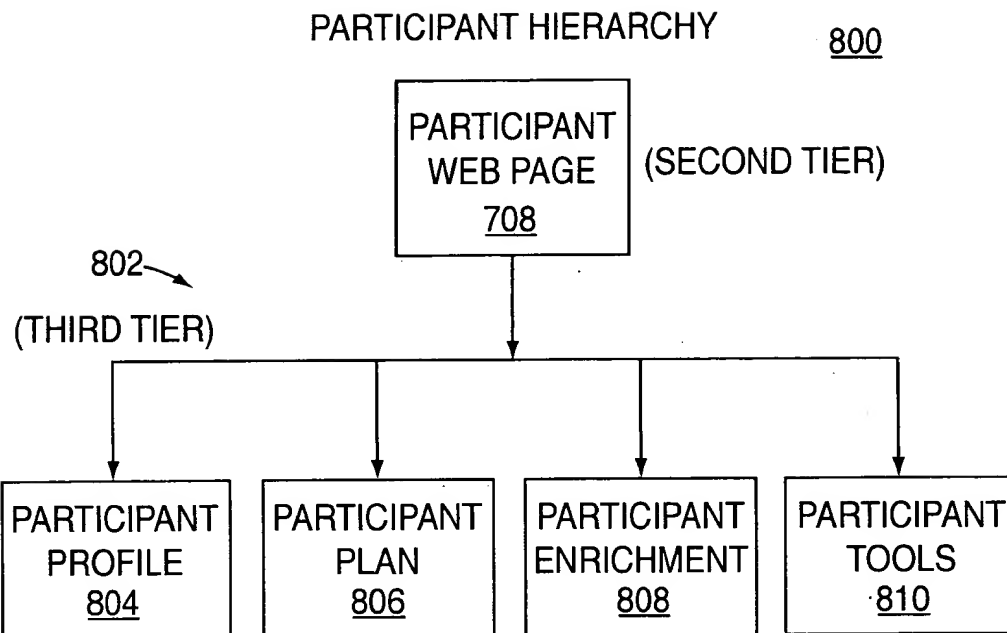


FIG. 8

ADMINISTRATOR SITE HIERARCHY 900

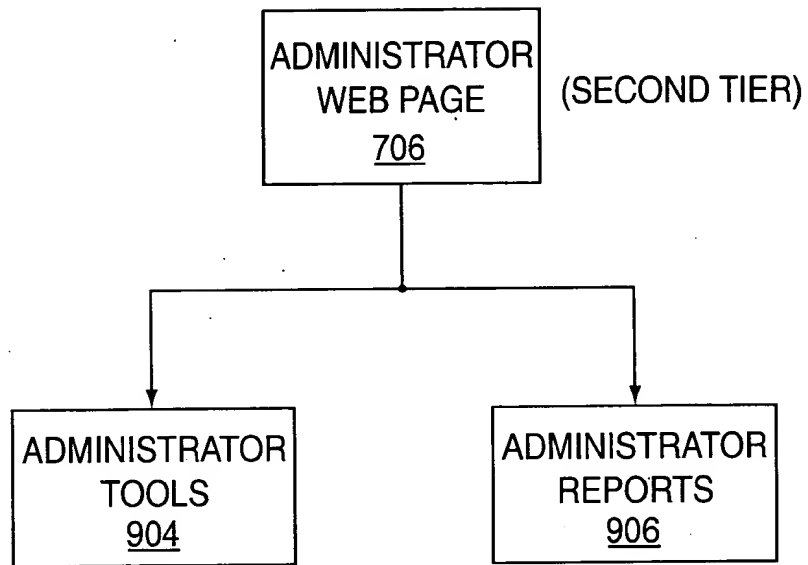


FIG. 9